



**CLAYTON COUNTY COMMUNITY DEVELOPMENT  
BUSINESS/OCCUPATIONAL TAX DIVISION  
BUSINESS LICENSE RENEWAL APPLICATION**

121 South McDonough Street, Annex 2; Jonesboro, Georgia 30236  
Office (770) 473-5415 – Fax (770) 473-5467 – [www.claytoncountyga.gov](http://www.claytoncountyga.gov)

**SUBMIT APPLICATION BY FEBRUARY 15<sup>TH</sup> TO PREVENT DELAY IN PROCESSING YOUR APPLICATIONS**

(1) DBA:	Business License No.	Tax Class	SIC Code
(2) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other		Business Telephone: ( )	
(3) Location:		Federal EIN:	
(4) Mailing Address:		(5) Corporation Name:  Corporate Address:  Corporate Telephone: ( )	
(6) Email Address:			
(7) a. E Verify Identification Number: _____		b. Total Number of Employees: _____	

**\*OWNER/MANAGER IS RESPONSIBLE FOR REPORTING ALL CHANGES TO YOUR BUSINESS\***

(8) <input type="checkbox"/> Renewal      Final: <input type="checkbox"/> SOLD <input type="checkbox"/> CLOSED		<input type="checkbox"/> Changes (Complete Line 9)
*****RENEWALS*****		
<small>If you are renewing and there are no changes, please check the renewal box (line 8), fill in the prior year gross revenue and number of employees (line 9), sign and date the form (line 16) and return in enclosed envelope. Do not leave gross revenue or number of employees blank. If no gross revenue earned, then indicate \$0. Out of state businesses with no Georgia location must report Clayton County revenue only. Pursuant to Clayton County Ordinance Sec. 22-71, all businesses subject to audit.</small>		
(9) IF RENEWAL	A. Prior Year Actual Gross Revenue:      \$ _____  B. Current Year Estimated Gross Revenue:      \$ _____	A. Number of Employees:  B. Number of Employees:
(10) IF FINAL/CLOSED, Enter actual Gross Revenue and Employees Here:  Gross Revenue _____ Number of Employees: _____		Date Sold/Closed:
(11) CHANGES: Please list any changes to business name, location, mailing address and telephone number.		

**PLEASE LIST PRINCIPAL OFFICERS OF BUSINESS**

(12) Name	Address	Title	Phone	SS# DL#/State
(13) Name	Address	Title	Phone	SS# DL#/State
(14) Name	Address	Title	Phone	SS# DL#/State

(15) CERTIFICATION – The information herein is required by section 22-54 Clayton County Code of Ordinance.

I (Name) \_\_\_\_\_ being the (Title) of the business firm named, do hereby register to operate said business that they applicant intends to conduct.

Type of business \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_

(16) According to the classification index of the business tax ordinance, Clayton County, Georgia; the undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application for the business license, including the accompanying schedules and statements, and that the same are true. I understand, if issued, the business license may be revoked at any time should I fail to meet all the requirements of the Occupational Tax Ordinance of Clayton County, Georgia.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FILE A COPY FOR YOUR RECORDS • COMPLETED RENEWALS CAN BE FAXED TO (770) 473-5467**

Business Licenses are NOT TRANSFERABLE and must be finalized if business is sold or closed. If you finalize (close) your business in Clayton County, it is important to state the actual dollar volume in GEORGIA generated at the Clayton County business location.

\*Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a forms IRS W-2 but not an IRS 1099.

#### NOTICE

ALL BUSINESSES ARE SUBJECT TO AUDIT BY THE DEPARTMENT OF FINANCE. BUSINESSES MUST ATTACH A COPY OF PRIOR YEAR APPLICABLE TAX RETURN, (IRS FORMS 1120, 1065, OR GEORGIA FORMS 500 THROUGH 700).

IT IS YOUR RESPONSIBILITY TO BE AWARE OF, AND TO COMPLY WITH RENEWAL PROCEDURES. BUSINESSES FILING AFTER FEBRUARY 15 WILL NOT RECEIVE A BUSINESS LICENSE BY MARCH 31<sup>ST</sup>. PLEASE CONTACT OUR CUSTOMER SERVICE AT (770) 473-5415 FOR ADDITIONAL DETAILS.

#### BUSINESS TAX CALCULATION WORKSHEET

##### Employee Rate

Number of Employees	Rate
0-2	0 plus \$30.00 per employee in excess of 0
3-9	\$60.00 plus \$15.00 per employee in excess of 2
10-99	\$165.00 plus \$12.00 per employee in excess of 9
100-499	\$1,299.00 plus \$8.00 per employee in excess of 99
500 and over	\$5,459.00 plus \$7.00 per employee in excess of 499

Profitability Ratio	Class	Flat Rate \$0 - \$10,000	Fee In excess of \$10,000 (Up to \$10,000,000)	Fee Per \$1,000 (In excess of \$10,000,000)
0.84-2.84	1	\$50.00	\$0.72	\$0.20
3.15-4.03	2	\$50.00	0.77	0.21
4.12-5.29	3	\$50.00	0.81	0.23
5.43-6.77	4	\$50.00	0.86	0.24
7.14-13.48	5	\$50.00	0.97	0.27
31.60-217.51	6	\$50.00	1.27	0.35

#### PRIOR YEAR TAX ADJUSTMENT

REVENUE		EMPLOYEE	
	Column A		Column B
1. Revenue Base (Estimated reported prior year)	\$	Employee Base (Estimate for prior year)	
2. Less Actual Revenue for prior year	\$	Less Actual Employee for prior year	
3. Revenue Adjustment (+ or -)	\$	Employee Adjusted Base (Column B1-B2)	
4. Tax Adjustment* (+ or -)	\$	Employee Adjustment*	\$
*Tax adjustment = Revenue Adjustment (A3 divided by 1000 x Rate (see general tax info))		*Employee Adjustment = (Employee Adjusted Base (B3) x \$15 per employee)	
5. Total Adjustment (Column A4 + B4)	\$		

#### CURRENT YEAR RENEWAL

	Column A
6. Revenue Base (Prior year actual Column A2)	\$
7. Less standard deduction of \$10,000	(\$10,000)
8. Subtotal	\$
9. Renewal Tax (A8 divided by 1000 x Rate)	\$
10. Flat Rate	\$50.00
11. Employee Rate (No. of employees minus 1) x \$15	\$
12. Renewal license fee (Column A9 + A10 + A11)	\$
13. Annual Registration Fee	\$ 75.00
14. Total renewal fee (Column A12 + A13)	
TOTAL AMOUNT DUE (Column A5 + A14)	\$

This worksheet is an example of how your taxes are calculated. It does not have to be completed.

DO NOT REMIT PAYMENT UNTIL BILLED

**Business Name:** \_\_\_\_\_

**Business License #:** \_\_\_\_\_

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) Business License [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from Clayton County [name of government entity], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires:

Business Name: \_\_\_\_\_

Business License #: \_\_\_\_\_

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for a(n) Business License [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from Clayton County [name of county or municipal corporation], the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

**1. Fill out this section if the current date is on or before June 30, 2013.**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

*If the employer selected 1(a) please fill out Section 3 below.*

**2. Fill out this section if the current date is after July 1, 2013.**

- (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected 2(a) please fill out Section 3 below.*

**3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:  
\_\_\_\_\_